		D	
FLAGE OF DIVIL	ARIZONA STA		OF HEALTH
	BUREAU OF VITAL ST	ATISTICS	State Index No.
County ofORIG	INAL CERTIFICAT	E OF BIRTH	Co. Registrar's No. 307
District of			Local Registrar's No
Town of VV and			•
City of (No	· '	St;	Ward)
James	ad Welga	di	Born YES
FULL NAME OF CHILD	port on blank obtainable	from local registrar:	Alive \ NO
The chief is not named, made experience	Number T.es	Date of [[ly 9- 1982
Sex of A Triplet and	tinorder _ l	te? Birth Month	
Child ternale or other	Full	мотне	Ŗ.
Full Name () () FATHER	Maiden Name	Maria	lernandes
Residence	Residence	ce,	7
Miam. Wist	na Color	Mann,	Age at last
Color Age at last O Birthday	33 or Race	10	Birthday Years
Wet.	Years	Wet.	16913
Birthplace A Long We	Birthpla	Mulalo	Melico
Occupation	Occupat	ion store	sewile
= Winh	1		yea.
Number of child of this Mother Number of Children, of	(this mother, new living	Were precautions taken against	Ophthalmia seconatorum:
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of			1922 at 8 A.M.
\int \text{ *When there is no attending physi-}	the doors and	d m d.	a 1 m 10.
cian or midwife. then the householder Signature Attending physician, midwife, householder.*			
should make this return.	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 0 .
Given or Christian name added from a	Ad	ldress Muan	u Myonia
supplemental report. 191-	Filedulle/3 1922	2 (Smit	ride
supplemental report191	***ZT; A.	ue Copy R C	LOCAL REGISTRAR.
346-709-489	Filed 6 1912	7.0° 61 Mee	COUNTY DECISION AD
COUNTY REGISTRAR.	•		COUNTY REGISTRAR.

N. B.-In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.